FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	205/19
vvasiliilyttii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MOISON FRANCK J						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013								COO Emerging Mkts.& So. Pacif.					
(Street) NEW YO	ORK N	Y	10022		_ 4.	If Amer	ndmer	nt, Date	of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)																
			le I - N			1			_	ed, D	isposed o								
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Beneficia Owned Fo		es Fo ally (D) Following (I)	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 07/15/20		2013	3		M ⁽¹⁾		12,400	Α	\$34.0	07 172		38	D						
Common	Common Stock		07/15/2	7/15/2013				S ⁽²⁾		12,400	D	\$59.054	5(3) 160,5		38	D			
Common Stock														36,891		I	By Issuer's 401(k) Plan Trustee		
Common Stock														10		I	By Son		
		-	Table	II - Deriv (e.g.,	ative puts,	Secu calls	ıritie s, wa	s Acc	quired s, opt	l, Dis	sposed of, , converti	or Be	neficiall curities)	y Owne	d				
Derivative Conversion Date Security Or Exercise (Month/Day/Year) if a		if any	tion Date, n/Day/Year) 4. Transa Code (i				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Securi (Instr. 3 and 4)		Deriva: Securi	ive de y Se i) Be Ov Fo Re	Number of erivative ecurities eneficially wned ollowing eported ansaction(s) estr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	ode V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$34.07	07/15/2013			M ⁽¹⁾			12,400	09/12	2/2010	09/12/2013	Commo Stock	ⁿ 12,400	\$0.00	00	12,400	D		

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$58.85 to \$59.13, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ Joyce McCarthy, Attorneyin-Fact 07/17/2013

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.